World Health Organization
REGIONAL OFFICE FOR Europe

VACCINE CRISIS COMMUNICATION MANUAL

A STEP-BY-STEP GUIDANCE FOR NATIONAL IMMUNIZATION PROGRAMMES

ABSTRACT

This manual was developed to support countries in effectively responding to events which may erode the public's trust in vaccines and the authorities that deliver them. In addition, a small section of this manual focuses on how to best prepare for a potential crisis and provides some insights into conducting post-crisis assessments. For the response phase, step-by-step guidance is provided on how to manage the communication aspects of a vaccine crisis.

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- guidance on vaccine safety and crisis communication,
- in-country training sessions on vaccine safety communication and new vaccine introduction, and
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ABBREVIATIONS

AEFI	adverse event following immunization
HPV	human papillomavirus
NGO	nongovernmental organization
SIDS	sudden infant death syndrome
UNICEF	United Nations Children's Fund

GLOSSARY

ADVERSE EVENT FOLLOWING IMMUNIZATION *(1)*	Any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable sign, abnormal laboratory finding, symptom or disease.
VACCINE CRISIS COORDINATION MECHANISM	A coordination mechanism established by the ministry of health or other health authority to prepare for and respond to a vaccine crisis This is normally a vaccine crisis coordination group consisting of stakeholders from various institutions representing different areas of expertise, including immunization experts and communication experts. In a crisis, this group can be restructured or expanded to include relevant experts as appropriate for the context (e.g. a human papillomavirus (HPV) vaccine-related crisis will require a different set of stakeholders to respond than a crisis related to the publication of a negative article). The group may have a subgroup focused specifically on communication and it should develop a vaccine crisis communication plan.
VACCINE CRISIS	This manual defines a vaccine crisis as an event which will most likely or has already eroded public trust in vaccines and/or vaccination and the authorities delivering them and may create uncertainty. This requires immediate action and an effective response to curb the negative impact Vaccine-related events may or may not be directly caused by vaccines/vaccination itself.
VACCINE-RELATED EVENT	A vaccine-related event is any event which could potentially create uncertainty and/or erode the public's trust in vaccines and/or vaccination and the authorities delivering them. Not all vaccine-related events will develop into a crisis. Vaccine-related events may or may not be directly caused by vaccines/vaccination itself.

INTRODUCTION

Every immunization programme eventually faces events that have the potential to erode trust in vaccines and/or vaccination and the authorities delivering them.

This could be a change in the routine immunization schedule, the introduction of a new vaccine, a false rumour related to a vaccine, or any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. In this manual we refer to these collectively as "vaccine-related events".

For immunization programmes, it is crucial to be well prepared and have a mechanism in place to respond to vaccine-related events, which may, at any time, evolve into crisis situations.

This document provides immunization programmes and other stakeholders with step-by-step guidance on how to effectively manage the communication response to vaccine-related events, particularly those with a potentially high impact on public trust, which are therefore considered to be a vaccine crisis.

Countries are encouraged to use this manual as inspiration to create their own, country- and context-specific vaccine crisis communication plans.

While there are three general phases of vaccine crisis management, this manual mainly focuses on communications actions related to the response phase.

However, to provide the broader context, it also offers suggestions for assessing the communication response to vaccine-related events that may not develop into a crisis, and a short section on communication actions during the preparedness and post-crisis evaluation phases (Fig. 1).

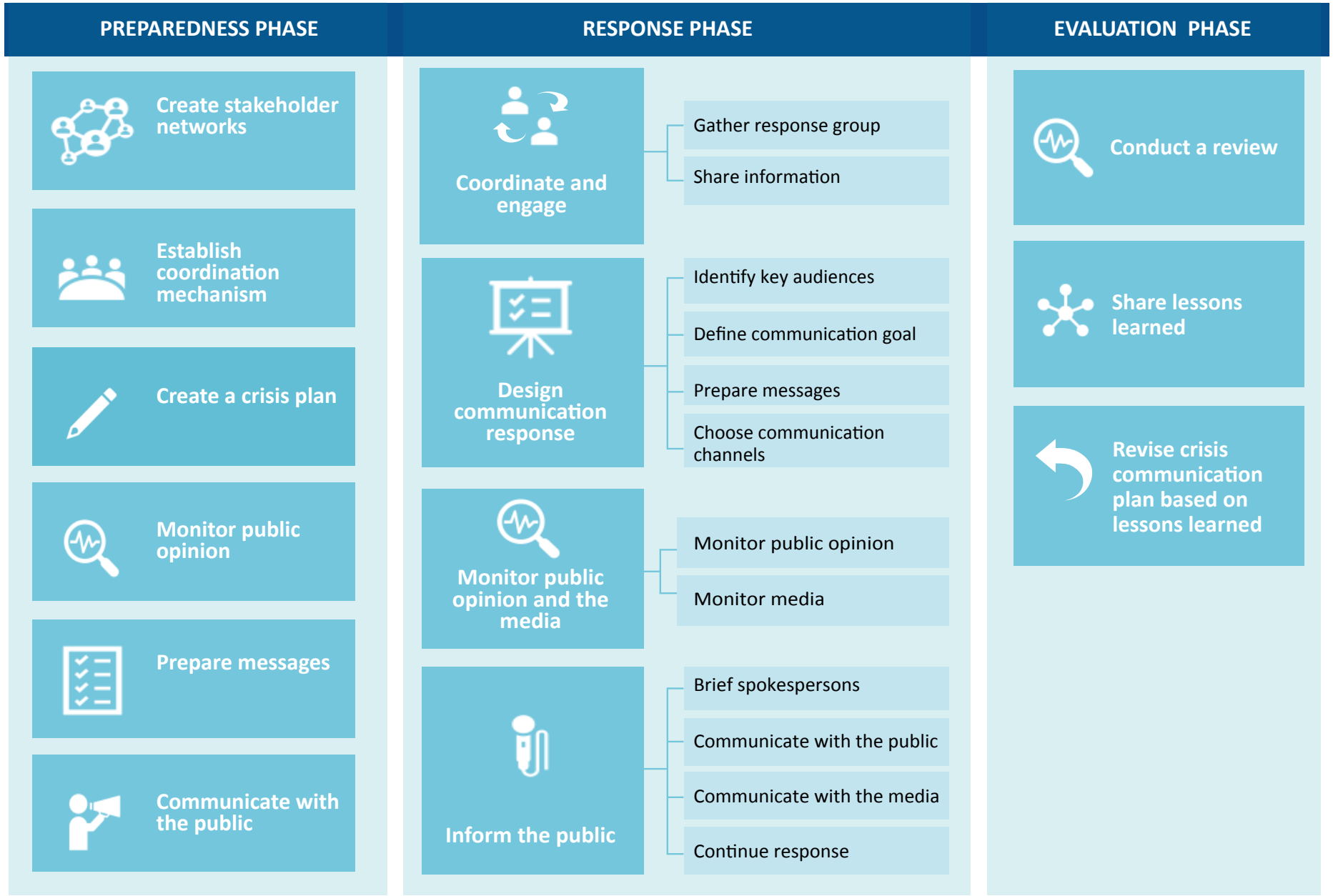
The manual draws on the WHO Regional Office for Europe Vaccine safety communication library. *(2)* Throughout the manual, references are made to documents in the online library for further information and guidance. When communicating about and during a so-called "vaccine crisis" (see definition in "Glossary" page iv), the main goal is to rebuild trust in vaccines as one of the most important public health interventions.

As crisis management is an iterative and rapidly evolving process, the order of suggested actions may vary in practice.

Each crisis differs and thus requires a tailored, country-specific response.

COMMUNICATION-RELATED ACTIONS IN EACH PHASE OF VACCINE CRISIS MANAGEMENT

Fig. 1. Communication-related actions in each phase of vaccine crisis management



Source: Based on the Vaccine safety communication library and established principles of risk communication.

INTRODUCTION > WHO IS THIS MANUAL INTENDED FOR?

This manual serves as overall guidance to immunization programmes and other stakeholders. National authorities are encouraged to use this document as a basis for developing a country-specific vaccine crisis communication plan, thus strengthening national immunization systems' capacities to respond to any vaccine-related event.

While this manual aims to support national immunization programmes, it may benefit all stakeholders directly involved in communications as part of vaccine crisis management, including:

- immunization programme staff;
- ministries of health and education, and other relevant ministries;
- institutes of public health;
- public health institutions and associations;
- others working in the field of immunization, both at national and subnational levels;
- other partners (e.g. United Nations organizations, nongovernmental organizations (NGOs), civil society organizations).

Stakeholders involved in vaccine crisis management may vary from country to country and depend on the context of each crisis. For example, crises related to human papillomavirus (HPV) vaccination may involve a broader range of stakeholders, including organizations working in the field of cancer and women's health.

INTRODUCTION > CRISIS RESPONSE AT ONE GLANCE – CHECKLIST

ACTION	COMMENT	STATUS
COORDINATE AND ENGAGE		
GATHER RESPONSE GROUP	Gather vaccine crisis coordination group formed in the preparedness phase and activate the vaccine crisis communication plan.	☐ Not started ☐ In Progress ☐ Completed
SHARE INFORMATION	Make sure to establish a coordination modality and regularly share and exchange information.	☐ Not started ☐ In Progress ☐ Completed
DESIGN COMMUNICATION RESPONSE		
IDENTIFY KEY AUDIENCES	Conduct a quick assessment to identify key audiences. Successful communication depends on how well messages are tailored to the needs of specific audiences.	☐ Not started ☐ In Progress ☐ Completed
DEFINE COMMUNICATION GOAL	Define the overarching communication goal and related targets. These will guide your communication response and accompany you throughout the crisis.	☐ Not started ☐ In Progress ☐ Completed
PREPARE MESSAGES	Based on your audience analysis, prepare messages, which can be easily adapted to the evolving nature of the crisis and related needs of different population groups.	☐ Not started ☐ In Progress ☐ Completed
CHOOSE COMMUNICATION CHANNELS	As a next step, choose adequate communication channels, through which you will best reach your target audiences.	☐ Not started ☐ In Progress ☐ Completed
MONITOR PUBLIC OPINION AND THE MEDIA		
MONITOR PUBLIC OPINION	Understand the public's concerns and needs is crucial. Use existing or implement new monitoring tools to monitor public opinion. This will help you better address their needs through tailored communication.	☐ Not started ☐ In Progress ☐ Completed
MONITOR MEDIA	Monitor what the media reports about the crisis. Good relations with key journalists and the media will help you in times of a crisis.	☐ Not started ☐ In Progress ☐ Completed
INFORM THE PUBLIC		
BRIEF SPOKESPERSON	Make sure chosen spokespersons are trusted by the audiences you wish to address. Ideally, the spokesperson(s) chosen has had some training in vaccine crisis communication.	☐ Not started ☐ In Progress ☐ Completed
COMMUNICATE WITH THE PUBLIC	Communicate regularly with the public. Even in times of uncertainty, make sure to convey the six trust-building mechanism: professionalism, objectivity, empathy, sincerity, competence and consistency. *(3)*	☐ Not started ☐ In Progress ☐ Completed
COMMUNICATE WITH THE MEDIA	Communicate regularly with the media. Preparing talking points and circulating them among members of the coordination group helps align messages and maintain trust.	☐ Not started ☐ In Progress ☐ Completed

The main goal of the preparedness phase is to conduct ongoing communication activities to maintain and build public trust in vaccines, vaccination and the authorities delivering them. It is crucial to be well prepared for events which may erode trust in vaccination.

The preparation phase does not represent an ad-hoc event, but rather an ongoing process of maintaining relations with all relevant stakeholders, keeping the public informed to build resilience against misinformation, monitoring public opinion and regularly updating, or if not yet available establishing, a coordination mechanism and national vaccine crisis communications plans.

Populations that are well informed about vaccination are less likely to be affected by vaccine scares, misinformation and rumours. Table 1 outlines key actions which may be considered in the preparedness phase.

Table 1. Preparedness phase – key actions

KEY ACTION	RECOMMENDATION	AVAILABLE GUIDANCE DOCUMENTS
CREATE STRONG STAKEHOLDER NETWORKS	Identifying key stakeholders and building strong relations are critical in effectively communicating about vaccination in general. Particularly in a crisis, strong networks will help you align your crisis response and mitigate negative effects on public trust more easily and in a more coordinated manner. Stakeholders can be strong advocates and may have knowledge of and access to key population groups. Remember: build strong relationships before a crisis occurs. A crisis is not the ideal time to start establishing new relations.	**WHO Regional Office for Europe** Stakeholder management *(4)*
ESTABLISH COORDINATION MECHANISM	Establish a coordination mechanism (normally a vaccine crisis coordination group) including a communication component and create a vaccine crisis communication plan. This will allow you to build working and collaborative relations with your partners and colleagues, to strengthen ongoing communication for immunization and to ensure a well-coordinated response based on aligned messages. Make sure to meet on a regular basis, also when there is no crisis. Suggested members: representatives of the ministry of health (all levels), public health institute, public health institutions and associations, ministry of education, national regulatory authorities, research organizations, international organizations, civil society organizations and professional organizations, and other relevant stakeholders, such as journalists and communication experts.	**WHO Regional Office for Europe** Template terms of reference for a vaccine communication working group *(5)*
CREATE A CRISIS PLAN	Create a vaccine crisis plan focusing on communication preparedness and response. Seek input from members of the coordination mechanism created in the previous stage. This will help form alliances and make sure all partners and key stakeholders are on the same page.	
MONITOR PUBLIC OPINION	To monitor trends, identify a potential crisis before it evolves, and develop evidence-informed tailored communication materials and activities, it is crucial to conduct social listening to better understand the public's concerns, beliefs, attitudes and practices toward vaccination. This can be conducted through social media monitoring, surveys and qualitative/quantitative research studies. Keeping track of public opinion and misinformation	**WHO Regional Office for Europe** Four critical elements in the ongoing work to build and maintain confidence *(6)*

KEY ACTION	RECOMMENDATION	AVAILABLE GUIDANCE DOCUMENTS
PREPARE MESSAGES	When introducing a new vaccine prepare some key messages in advance (although this may not be possible for unforseen AEFIs). For example, when introducing the HPV vaccine, key messages can be prepared on the safety profile of the vaccine, HPV-related viruses and diseases, and common concerns raised (e.g. on fertility and HPV vaccination). It is recommended to conduct formative research prior to the introduction of any new vaccine to inform health authorities about existing beliefs, concerns and misperceptions concerning the new vaccine and the disease the vaccine was designed to protect against (e.g. cervical cancer). Based on the results and the specific need for information, tailored key messages can be prepared and disseminated to key audiences. If time allows, messages should be pre-tested to ensure that information shared will be received in the way it is intended. Based on the pre-testing, messages can then be revised accordingly to better reach target audiences. Main principles for preparing messages: **BE ACCURATE.** Cite facts, evidence and data. **BE HONEST.** Do not try to conceal facts. **BE SIMPLE.** Use clear, non-technical language and no acronyms. When using technical language, be sure it matches the target audience's level of understanding. **EMPHASIZE** the value of immunization based on a risk-benefit analysis.	**WHO Regional Office for Europe** New vaccine introduction – Checklist for planning communication and advocacy *(7)* A field guide to qualitative research for new vaccine introduction *(8)*
COMMUNICATE WITH THE PUBLIC	To establish and maintain trust in vaccines and the authorities delivering them, it is crucial to engage in regular dialogue with the population. Bi-directional communication on trusted channels and platforms (e.g. social media, television interviews, print media) is an important trust-building mechanism.	**WHO Regional Office for Europe** Responding to concerns about vaccination *(9)* Best practice guidance: How to respond to vocal vaccine deniers in public *(10)*. Lewandowski et al. The COVID-19 Vaccine Communication Handbook **United Nations Children's Fund (UNICEF)** Interpersonal communication for immunization. Training for front line workers *(11)* Sharing Knowledge About Immunization Talking about immunisation *(12)* **Centers for Disease Control and Prevention** Toolkit for Reaching Parents and Patients *(13)* Talking to parents about vaccines *(14)* **European Centre for Disease Prevention and Control (ECDC)** Communication on immunisation *(15)*

When preparing to respond to an event, it is crucial to assess the situation carefully in order to strike a balance: communication must be transparent, complete and timely if the situation involves a potential threat to public health, but it should not amplify a minor event or draw attention to false claims that could raise unnecessary concerns.

This manual proposes a three-step model to guide readers in assessing the situation and defining the response. It should be highlighted that every situation is different and requires a tailored response adapted to the context of the situation, as well as target audience and country setting.

Assess the type of vaccine-related event

Vaccine-related events that may evolve into a crisis can be clustered into three categories: AEFI, change in the immunization system or schedule, or negative public or media debate/publication (Fig. 3).

Fig. 3. Types of vaccine-related events

ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) which are (rightly or wrongly) being associated with vaccines or vaccination and may create uncertainty or distrust among the public

Example: sudden infant death syndrome (SIDS) following immunization

CHANGES IN THE IMMUNIZATION SYSTEM OR SCHEDULE which may create uncertainty among the public

Examples: introduction of a new vaccine, mass vaccination campaigns, suspension of a vaccine or temporary recall of a vaccine

NEGATIVE PUBLIC AND MEDIA DEBATE/ PUBLICATION on vaccination which may create uncertainty and distrust among the public

Examples: new critical scientific studies, social media stories or critical media reports

Note: This figure does not represent an exhaustive list of events. Other events related to vaccination and/or the immunization programme may also have the potential to develop into a crisis.

Source: Adapted from guidance documents which are part of the Vaccine safety communication library, in particular How to ensure a context-specific response to events that may erode trust. *(16)*

Some events can be foreseen, or are even planned, and others may appear on an ad-hoc basis. While a new vaccine introduction or a change to the immunization schedule represent planned actions based on a decision-making process, AEFIs or a baseless accusation made by a powerful anti-vaccination group can suddenly gain widespread attention. Such different events require different responses.

Gather information

Consider the five Ws: who, what, when, where and why, as outlined in Table 2.

Table 2. Gathering information to understand the event

FIND ANSWERS TO THE FOLLOWING QUESTIONS:
What happened? How serious is it?
Who is involved?
Who could influence the impact? Think about active and passive influencers.
Which vaccine is being (rightly or wrongly) linked to the event?
What may be the cause of the event?
Where and when did it happen?

BE FAMILIAR WITH YOUR COUNTRY'S CONTEXT:
Immunization coverage rates (any increase/decrease noted)
Possible debates on vaccine safety in media/social media

POTENTIAL SOURCES OF INFORMATION:
AEFI monitoring reporting system
Experts from the ministry of health and the public health institute
Local health workers
Laboratory, monitoring, surveillance, procurement and logistics staff (depending on the type of event)
National regulatory authority
Other relevant ministries (e.g. ministry of education)
Immunization experts and advisers

Assess potential impact

Assess whether the event has the potential to have a **LOW**, **MEDIUM** or **HIGH** impact on trust.

LOW POTENTIAL IMPACT

EXAMPLES: The vaccine is replaced with only a slightly reconfigured product; events with no public attention nor (social) media coverage.

COMMUNICATION-RELATED ACTIVITIES: Maintain effective communication to ensure public trust in immunization; engage in routine communication; keep a close eye on the public debate.

MEDIUM POTENTIAL IMPACT

EXAMPLES: An event in another country (such as change of schedule) with a vaccine used in your country; the event gets no media attention at this stage, but media attention could be anticipated; minor AEFI or with unlikely link to vaccination with media coverage restricted to one local area; false claim made by a popular social media influencer that begins circulating in the country. It is important to mention that medium impact events may develop into high impact events, if the situation changes or the response is not managed adequately and in time.

COMMUNICATION-RELATED ACTIVITIES:

Prepare for a potential public debate on the topic.

Start developing messages; share them with key stakeholders, spokespersons and partners (e.g. who may be contacted by the media or public).

Where appropriate, start communicating with selected audiences, but not yet to a wider audience.

Activate your stakeholder network.

Continue to monitor and gather information about the event and public opinion.

HIGH POTENTIAL IMPACT

EXAMPLES: Death following vaccination (pending investigation); cluster of minor AEFIs; events which involve children, the elderly, pregnant women or vulnerable groups; the introduction of a new vaccine; vaccine recall; vaccine suspension, mass vaccination campaign; misleading but powerful story/publication which attracts a lot of negative (social) media attention.

RESPOND IMMEDIATELY: Follow the steps outlined in Phase 2: Crisis response.

Specific case examples for each category of event are outlined in Annex 1.

Fig. 4 illustrates different communication strategies depending on the impact the event may have on the public's trust in immunization and the authorities delivering them. For more information, consult How to ensure a context-specific response to events that may erode trust *(16)*.

Fig. 4. Communication strategies based on impact assessment

LOW IMPACT	MEDIUM IMPACT	HIGH IMPACT
CONTINUE WITH ROUTINE COMMUNICATION. BE PREPARED! => PHASE 1: PREPAREDNESS	DO NOT COMMUNICATE WITH THE PUBLIC YET. => INTENSIFY PREPAREDNESS EFFORT AND BE READY TO PROCEED TO CRISIS RESPONSE.	RESPOND IMMEDIATELY! => PROCEED TO PHASE 2: CRISIS RESPONSE.

CRISIS RESPONSE

The following actions are intended for events classified as having a potentially **high impact on public trust**. Actions outlined in this chapter may also be considered for **medium-impact** events, which may develop into a full-scale crisis.

Your response during the initial hours and days of a vaccine crisis will help determine the further development and outcome of the crisis. Follow the action points in the response phase (Fig. 5) to successfully manage the first few days of an actual crisis.

REMEMBER! In the initial response phase, transparent internal and external communication is already key. Even if information gathering is still ongoing, fully and accurately communicating what you already know demonstrates transparency and builds trust.

Fig. 5. Crisis response – key communication actions

COORDINATE AND ENGAGE	UNDERSTAND AND ASSESS THE EVENT	MONITOR PUBLIC OPINION AND THE MEDIA	INFORM THE PUBLIC
Gather response group	Gather information	Monitor public opinion	Prepare messages
Share information	Identify type of crisis	Monitor media	Brief spokespersons
	Identify key audiences		Inform public and media
	Define communication goals		Continue response

MAKE SURE
to include relevant stakeholders in defining a shared strategy

AGREE
on roles and responsibilities

Consult the following documents in the online library:

- How to ensure a context-specific response
- Vaccine safety messages (frequency AEFIs)
- Stakeholder management
- Tips for spokespersons
- Key principles for presenting data
- Safety events: the immediate media response
- Setting the media agenda
- Four immediate steps when responding
- How to monitor public opinion
- How to respond to concerns
- The questions journalists always ask in a crisis
- Strategies used by journalists

VACCINE SAFETY COMMUNICATION LIBRARY *(2)*

CRISIS RESPONSE > COORDINATE AND ENGAGE

Gather vaccine crisis coordination group

In a crisis, gather the vaccine crisis coordination group formed in the preparedness phase (see glossary) and activate the vaccine crisis communication plan.

It is crucial to gather all key stakeholders regularly and from the very onset of the crisis. Consider which method of information dissemination to the group can be applied within a few hours: email, messaging services, phone tree. If possible, meet face-to-face or online for a quick information and brainstorming session.

For further information consult the following documents:

- Stakeholder management *(4)*
- Four immediate steps when responding to an event that may erode trust *(17)*
- Template terms of reference for a vaccine communication working group *(5)*

VACCINE SAFETY COMMUNICATION LIBRARY *(2)*

Share information

Regularly sharing information with the crisis response group and other important stakeholders ensures that all parties work together to achieve common goals. Further, the mechanism of regularly sharing information either via email, phone, messenger service groups or in face-to-face or online meetings creates a two-way communication stream, which allows stakeholders to update each other. This way, they can respond with the same messages to the media, detect rumours and new developments faster, and disseminate messages faster among various key audiences.

CRISIS RESPONSE > DESIGN COMMUNICATION RESPONSE

Identify key audiences

Knowing who the key audiences are allows for messages
and actions to be tailored to the specific needs, concerns and fears of different population groups or stakeholders (Table 3).

At the onset of a vaccine crisis, public opinion on vaccination (or a specific vaccine) should be rapidly assessed (for more information see 2.3. Monitor public opinion and the media). To ensure that your messages reach the right audience, you can group target audiences into separate categories depending on their level of influence and how affected they may bee by the crisis (Table 3).

Consider audience characteristics:

- most affected/not affected
- at risk/not at risk
- easy/hard to reach
- in specific language, gender or age groups
- influenced by cultural or religious norms
- knowledgeable/not knowledgeable
- in specific geographic location
- influencers/not influencers.

Table 3. Example of classification of key audiences

GROUP I:	GROUP II:	GROUP III:
MOST AFFECTED BY CRISIS	**ACTIVE INFLUENCERS**	**PASSIVE INFLUENCERS**
Populations most affected by a crisis. Who the key audiences are varies from crisis to crisis. As every crisis is different and needs a context-specific response, it is important to conduct an assessment to identify who the key audiences are and what their communication needs are. Example: parents whose child has suffered from an allergic reaction (anaphylaxis) to a vaccine component.	Those who directly influence the perceptions or behaviours of Group I. They help Group I to implement suggested behaviour change. These could include: • health-care workers (e.g. local general practitioners, vaccination nurses); • local leaders; • religious leaders; • opinion leaders; • local community and family members; • community-based organizations; • parents and grandparents; • teachers; • journalists, social media influencers; • immunization staff at district level.	Those whose actions indirectly help or hinder the perceptions or behaviours of Group I. Their reactions are embedded in the broader social, cultural and policy factors and can be used to create an enabling environment to sustain desired behaviour change. These could include: • academics; • influencers, such as popular health-care workers; • politicians; • policy-makers; • partners; • United Nations and other international organizations; • NGOs; • social mobilization teams; • civil society organizations; • bloggers; • those who oppose health authorities' views.

Define communication objectives and actions

Based on your knowledge of the event and key audiences, define communication objectives and determine actions to be taken (Table 4). The objectives should represent the desired behaviours you would like to maintain or achieve, and the actions determined to be taken should work towards bringing about that change.

Table 4. Example of communication objectives and actions

OBJECTIVES	ACTIONS
The main objective should be to sustain or restore trust of the general public in immunization as a lifesaving health intervention. Further objectives should be to motivate the public and/or achieve mutual understanding about issues that relate to vaccination and the immunization programme.	Actions should be focused on the audience. Define 2–6 actions that will support the achievement of your objectives. The actions should be tailored to the type of crisis and involve spreading evidence-based information about the facts surrounding the crisis.

EXAMPLE

An infant has died of sudden infant death syndrome (SIDS) within 24 hours after having been immunized at a local health centre. Preliminary evidence indicates no causal link between the death and the vaccine.

OBJECTIVE: to maintain (or restore) the public's trust in the administered vaccine and in the national immunization programme, including in health workers.

DETERMINE ACTIONS TO BE TAKEN: possible actions to be taken in this example might include the following:

communicate about the event and as soon as possible about the outcome of the preliminary investigation on causality assessment;

establish a 24-hour hotline to answer questions on vaccine safety and immunization.

engage community leaders;

engage with local media;

provide information on the overall immunization risk–benefit scale and the particular vaccine at local health posts and in community centres.

Prepare messages

Now prepare messages to address the specific event (Table 5). Preparing messages serves the purpose of being able to respond more efficiently and more quickly. It is crucial to share these with your network and key stakeholders to ensure that messages are aligned to avoid mixed messaging, so the public is reassured that authorities are managing the situation and communicating in a transparent way. See Table 6 for a concrete example of how to tailor messages to different target audiences.

Consider the following tips:

- Know which messages you would like to send to target audiences; and what you aim to achieve with the messages.
- Make sure to pre-test messages and revise accordingly to better reach target audiences.
- If an injury or death is involved, be sure to sincerely communicate your empathy to the affected families.
- Include as appropriate and based on the available evidence the risks and benefits associated with vaccination and vaccine-preventable diseases, the core message that the vaccine is safe and effective and should continue to be given to protect people from a given infectious disease.
- Messages should be short, concise and evidence based.
- Create a series of messages for each target audience and support your arguments with facts/evidence (refer to reputable sources).

Table 5. Possible messages related to various potentially high-impact events

WHEN YOU HAVE NO OR VERY LIMITED INFORMATION

Our deepest sympathy goes to those affected.

We are committing all available resources to the investigation of this unfortunate incident and are doing our utmost to find the cause as soon as possible.

We will keep you informed and provide regular information via our website www.xxxxx.zz and daily press briefings at the Ministry of Health.

WHEN MORE IS KNOWN ABOUT THE EVENT

Our deepest sympathy goes to those affected.

Vaccination saves lives and prevents suffering. The risk of severe side effects is extremely small. Some mild and more frequent side effects that may occur include a light rash and fever. The benefits of vaccination by far outweigh the minimal risk of a severe adverse event following immunization.

For example: 1 in 1 000 000 individuals vaccinated may suffer from a serious allergic reaction (anaphylaxis).

The vaccine is prequalified, which means it has been approved by WHO. Before prequalification it was rigorously tested through clinical and field procedures. After prequalification, WHO regularly inspects the production facilities to ensure compliance with good manufacturing practice.

Scientific evidence shows that combined vaccines save time and money through fewer clinic visits, reduce discomfort for the child through fewer injections and increase the probability that the child will receive the complete set of vaccinations according to the national schedule.

Despite high immunization coverage for [insert name of vaccine-preventable disease], some children are still missing out on vaccination and thus remain at risk.

Our country has taken all necessary steps to avoid a future outbreak of [insert name of vaccine-preventable disease] by initiating a [insert name of vaccine-preventable disease] vaccination catch-up campaign.

Table 6. Example of tailoring messages to different target audiences

SCENARIO: A GIRL WITH A SERIOUS UNDERLYING CONDITION HAS DIED FOLLOWING HPV VACCINATION Expressing condolences; stressing the fact that an investigation is ongoing; preliminary findings suggest that there is no causal relation between the death and the vaccine.	
TARGET AUDIENCE: GENERAL PUBLIC Multiple studies have proven the safety and effectiveness of the HPV vaccine in protecting young girls and women from a series of HPV-related cancers, including cervical cancer, which accounts for more than 30 000 deaths in the WHO European Region each year. Continuing vaccination efforts is thus crucial.	
TARGET AUDIENCE: HEALTH-CARE WORKERS Multiple studies, including Phase III randomized trials, have proven the safety and effectiveness of the HPV vaccine to prevent high-risk HPV infections and subsequent carcinogenesis. These studies have not shown any relation between the development of this underlying condition and the HPV vaccine.	
TARGET AUDIENCE: PARENTS AND CAREGIVERS Multiple studies have shown that the HPV vaccine is safe and effective, and has successfully been introduced in more than 100 countries worldwide. The HPV vaccine combined with regular screenings is the best, safest and most effective tool we have in protecting your daughters against HPV-related cancers.	
TARGET AUDIENCE: PEOPLE LIVING IN THE AFFECTED COMMUNITY It is important to continue vaccinating against HPV, as this is the most effective and safest tool we have in preventing HPV-related cancers, including cervical cancer, which kills more than 30 000 women in the European Region each year and can leave a woman without the possibility to bear children and have a family of her own.	

For more message examples consult the following document: How to prepare a message map *(18)*

Choose communication channels

In choosing adequate communication channels to communicate your messages (Table 7), think about which channels can best be used to reach your key audiences and thereby achieve your goal. Determine how key audiences receive health information and whom they rely on for health advice and guidance.

Table 7. Communication tools and channels

TOOLS	CHANNELS
• News releases, press conferences • Media interviews, commentaries and opinion pieces • Public services announcements • Brochures, banners, posters • Radio and television appearances • Informative web pages • Podcasts, blogs, vlogs, videos • Live Q&A • Chatbots, phone apps • Training courses, webinars, lectures • Hotline	• Traditional media (newspapers, television, radio, online news) • Social media • Community networks and meetings • Networks (parents, health workers etc.) • Partners (WHO, UNICEF, NGOs, local organizations, etc.) • Bloggers and social media influencers • Interpersonal (health workers, teachers, religious leaders, others) • Face-to-face meetings with the affected audiences (e.g. parents, health-care workers)

For further information consult the following documents:

- Four critical elements in the ongoing work to build and maintain confidence *(19)*
- How to prepare a message map *(18)*
- How to prepare a press release *(20)*
- Setting the media agenda *(21)*
- Safety events: planning the immediate media response *(22)*
- Effective communication of immunization data *(23)*

Monitor public opinion and the media

Monitoring public opinion about vaccines, vaccination, health authorities and other relevant topics before and during a crisis can help you respond more efficiently. Monitoring mechanisms, including social listening, should be ongoing and expanded as needed when a crisis hits. This will allow you to better understand what the population's thoughts, beliefs and concerns are and how they change during the course of the crisis. A few strategies to monitor public opinion are presented in Table 8.

Monitoring public opinion will enable you to:

- understand audiences better;
- understand what message framing resonates with target audiences;
- efficiently and adequately respond to rumours and misconceptions;
- continuously update and adjust communication strategy to build resilience against vaccine safety scares;
- reach communication goals.

In addition to information gathering through personal and professional networks and traditional media, subscribe to services that offer social media monitoring with daily reports of key topics and trends. Check the most relevant web pages and social media regularly to keep track of the debate on vaccines and immunization. This will allow you to plan, update and adjust your communication strategy accordingly.

Table 8. Strategies to monitor public opinion

CONDUCT SOCIAL MEDIA MONITORING	There are many services and programmes available to identify, gather and analyse relevant social media conversations and trends in public opinion.
TRADITIONAL MEDIA	Follow reporting and public comments on national and international news services.
CONDUCT RAPID ANALYSIS	Obtain an understanding of knowledge levels and attitudes to vaccination, service provision and health authorities through qualitative or quantitative research (e.g. with focus groups or online surveys respectively).
GATHER INFORMATION FROM A PUBLIC INFORMATION HOTLINE OR CHATBOT	Establish a telephone or chat information hotline for questions from the public. Register and analyse questions. Make sure that you allocate sufficient human and budgetary resources to establish and maintain such a hotline. Trained staff should operate the hotline to ensure that evidence-based information is spread. Further, staff should be trained in responding to people with concerns and fears about immunization.
GATHER INFORMATION FROM FRONTLINE HEALTH WORKERS	Ask health workers to report back to you about questions asked by parents, caregivers, patients and the public; particularly, if new questions are being asked and new misperceptions seem to be taking hold.
USE YOUR NETWORK	Ask your group of stakeholders, colleagues, partner organizations, professional associations, friends, families and relatives about their opinions and perceptions. Ask them to inform you, if they hear of any rumours circulating.

Brief spokespersons

Ideally, spokespersons should be trained in crisis and media management during the preparedness phase. Spokespersons should be well briefed and consider the following when. In preparing for an interview:

- Find out what specific issues related to the crisis are to be discussed.
- Understand the media agenda/angle.
- Clarify what the interviewer and interview hope to achieve.
- Prepare key messages accordingly.
- Double check facts.
- Consider whether they are the right persons to answer the expected questions.
- Clarify who will conduct the interview, how long it will be and whether it is live or pre-recorded.
- Find out who else will be interviewed, and investigate their likely agenda/angle. Consider declining to participate if a 'panel discussion' will display false balance (e.g. give equal air time to evidence and non-evidence based opinions).
- Simulate possible scenarios – and be prepared to manage uncertainty.
- Train, rehearse and prepare in detail.

Communicate with the public

It is essential to choose an appropriate response to a crisis or a vaccine-related event to maintain the public's trust in vaccination. When choosing an appropriate response, you should analyse the situation (type of event, target audience etc.) so as to respond in a balanced manner (see 1.2 Knowing when to communicate).

When communicating with the public, consider the following:

- If time allows, test messages on a small, representative group to identify those that are most understandable and effective.
- Try to be the first to communicate news – whether good or bad. This allows you to affect how the event is presented before someone else shapes the narrative. Be careful and analyse the situation carefully, as you do not wish to create unnecessary concern.
- Regularly update the public on progress made; use various channels to communicate updates (websites, media, social media, hotlines, meetings with the press).
- Understand the public's attitudes and acknowledge their concerns and fears (also respect behaviours related to beliefs, culture and risk perception). Prepare messages to try to bridge the information gap between the experts and the public.
- Be highly visible and proactive if the situation requires it.
- Try to ensure all stakeholders speak with one voice.
- Avoid attacking the credibility of those with high perceived credibility, even if you do not agree with them.
- Seek, engage and make extensive use of support from credible third parties (influencers, academia, technical experts and others).
- When communicating with the public, try to make your actions visible. For example, if a prominent representative from the ministry of health visits the school where an AEFI occurred, to speak to parents and teachers and listen to their concerns, make sure this is communicated in a tangible, visible way, if appropriate.

Communicate with the media

In some situations, you will need to respond to requests from the media; in others, you will want to be proactive and catch or increase the attention of the media. This may be necessary if you wish to shape the narrative and present the target audience with facts before someone else presents a misinformed story about the event.

When engaging with the media, remember to involve and inform everyone in the vaccine crisis coordination group and also share information with the larger stakeholder group. This prevents mixed messaging. Brief them about the situation, share prepared messages and be transparent about the next steps. When engaging with the media, be sure to be well prepared. Make sure spokespersons are trained and have:

- a clear understanding of all relevant facts (both regarding the event and your country's immunization-related context);
- prepared key messages and answers to all possible difficult questions that may be asked;
- a good relationship with the media (know who will follow the conditions agreed upon and who shows fair and balanced views, and also which media outlets are followed and trusted by your key audiences);
- a clear understanding of which channels best work for your target audience (hotlines, social media, radio, television, other);
- a good relationship with key stakeholders, including community leaders.

Continue response

Throughout the vaccine crisis, ensure a high level of responsiveness and adjust activities to the situation.

Public concerns and fears may evolve, and new themes emerge. These need to be identified and may require a response. Once created, rumours can circulate quickly among people who are uncertain, lack evidence-based information or follow a specific agenda.

Use this checklist to continue your response.

Continue to:

- coordinate with and inform all members of the vaccine crisis coordination group
- monitor public opinion, including media monitoring to identify trends and new developments
- engage active and passive influencers
- update spokespersons
- regularly update and interact with the media
- update and meet with stakeholders regularly
- regularly update key messages and question and answer (Q&A) sheets
- inform the public
- listen to the public's concerns and fears and respond effectively.

For further information consult the following documents:

- Tips for spokespersons *(24)*
- The questions journalists always ask in a crisis *(25)*
- Strategies used by journalists *(26)*

EVALUATION – A BRIEF OVERVIEW

In the evaluation phase, the communication response to the vaccine crisis event should be reviewed to identify lessons learned. Explore whether the goal and objectives identified were reached, and what actions could be taken to achieve better results in the future (although it may not always be easy to gauge whether the goal of maintaining trust has been achieved).

Special attention should be paid to:

- coordination within the vaccine crisis coordination group and other key stakeholders
- processes related to transparency and communication with the public
- understanding the perspectives of the public and key audiences
- choice of messages and communication channels and their effectiveness.

Although the vaccine crisis might be over, the preparation phase for a new potential crisis has already started. This means that all relevant stakeholders need to be aware of their roles and to keep monitoring public perceptions regarding vaccination.

At this stage, the key actions outlined in Table 9 should be considered.

Table 9. Post-crisis assessment – key communicaitons actions

KEY ACTION	RECOMMENDATION
CONDUCT A POST-CRISIS REVIEW	Every crisis represents an opportunity to create stronger and more resilient programmes to manage vaccine-related events better in the future. To this end, it is important to conduct a post-crisis review of the communication response to a crisis. For sample evaluation/review questions, see Annex 2.
IDENTIFY LESSONS LEARNED	The post-crisis review serves the purpose of identifying lessons learned as well as strengths and weaknesses in communications activities of the programme. Based on this analysis, changes can be made to improve future responses to potential vaccine crises.
SHARE RESULTS WITH KEY STAKEHOLDERS AND PARTNERS	Prepare a report with lessons learned and share them with the vaccine crisis coordination group and other key stakeholders. In this report, point out what worked well and what could be improved in the future (e.g. was mixed messaging an issue or were all stakeholders and communication channels aligned?). Make sure that this report is conveyed in a written format, so that it can inform future crisis responses or, where available, revise the national crisis communication plan/strategy accordingly (e.g. if mixed messaging was an issue, make sure to include a section on how messages can be better aligned and disseminated among stakeholders to ensure that all official communication channels speak with one voice).

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ANNEX 1. BEST PRACTICE CASE STUDIES OF MEDIUM AND HIGH IMPACT VACCINE CRISES

CASE EXAMPLE I: MEDIUM IMPACT EVENT

In country A it was announced that the largest national television channel would broadcast a special feature about a new anti-vaccination documentary featuring one of the country's main social media bloggers and influencers. Worryingly, the feature would reproduce three myths related to vaccination, including the false information that the measles vaccine causes autism and that natural immunity suffices to protect against infectious diseases. The country's health authorities were immediately alarmed, as they could not predict whether the feature would be further picked up by other media platforms, including other television channels, radio and social media, and to what extent this would impact the public's confidence in vaccines.

To this end, the following measures were undertaken to intensify preparedness efforts:

- The feature was recorded and archived as documentation material for the future.
- All information sheets and Q&A tackling the three myths were updated and promoted to further strengthen public resilience against vaccine safety scares.
- Staff involved in crisis management watched the anti-vaccination documentary.
- Messages were developed to state the authorities' view on the documentary to be used reactively, if needed.
- Social media and traditional media channels were monitored regarding the public's response to the documentary and the national feature.
- A stakeholder network, including the media, was immediately activated, and key messages were shared.

The WHO Regional Office for Europe was immediately notified; additional communication materials were sent.

Ultimately, the feature was not picked up by a wider audience and no further action was needed. Nevertheless, preparedness efforts were used to strengthen routine communication and manage a situation which could have easily developed into a high impact event.

CASE EXAMPLE II: HIGH IMPACT EVENT

Following the successful introduction of the HPV vaccine in country B, the increasing spread of misinformation regarding the safety of the vaccine and the broadcasting of a critical documentary fuelled concerns among the population. Vaccine coverage dramatically decreased over a period of two years, from more than 90% of the annual cohort to less than 50%. In response, a partnership between the country's health authorities, cancer society and medical association was formed.

The following measures were taken to curb the crisis, increase confidence in vaccination and ultimately increase immunization coverage to protect more girls against cervical cancer.

- Two key messages were chosen to guide communication goals: "There is a safe and effective vaccine to prevent cervical cancer" and "Every day one woman gets diagnosed with cervical cancer in country B.
- Prior to choosing a communication channel, focus group interviews and surveys were conducted to find out where parents look for information on vaccination (result: Facebook) and who the main decision-makers with regard to HPV vaccination were (result: mothers). As a result, an information and community engagement strategy was launched to target mothers on Facebook.
- A dedicated Facebook page and website were set up to share evidence-based information and respond to concerns.
- Strict branding guidelines were implemented to highlight aligned messaging and show that all stakeholders were on the same page, communicating with visibility, transparency and professionalism.s
- Personal stories were included of women with cervical cancer.
- The Facebook site was monitored 24/7.

A so-called "pull communication" strategy was used when responding to comments: other members were encouraged to respond first; where necessary, authorities responded to comments to provide further information and strengthen evidence-based knowledge.

This comprehensive, proactive communication strategy helped country B in curbing the crisis and largely re-establishing confidence in the HPV vaccine. Within 3 years, coverage with the HPV vaccine in country B increased from a mere 28% in a specific birth cohort to 81% in that cohort. Coverage also increased in other birth cohorts. In addition, after the campaign, in response to a survey 70% of Facebook users reacted positively towards HPV vaccination, compared to only 46% prior to the campaign. While 15% were opposed prior to the campaign, this number dropped to a mere 7% after the campaign.

ANNEX 2. SAMPLE EVALUATION QUESTIONS

Did you and your vaccine crisis coordination group successfully manage to curb the crisis? Have you maintained or re-established public trust?

Consider the questions in Table A2.1 in your evaluation phase.

Table A2.1. List of sample questions – evaluation phase

OVERALL FEEDBACK AND EVALUATION
• How successfully was this crisis handled? • Was the overall response to the crisis effective? Was it conducted in a timely and rapid manner? • Did you reach your overall communication goal? • What shortcomings were identified? What could have been done better and how, in case of a new vaccine crisis? • Were vulnerable, at-risk and marginalized populations sufficiently taken into account? • Was there a budget allocated to vaccine crisis management, including additional human resources as needed? If yes, were these resources sufficient?

IMMUNIZATION COMMUNICATION WORKING GROUP AND STAKEHOLDER MANAGEMENT
• Was the crisis response group or a different response mechanism established and activated in time? • Were all key stakeholders engaged? • Were all key stakeholders well informed at every stage of the process? • Were all key stakeholders responsive and did they act according to their responsibilities and roles? • Did you notice any conflicts of interest among the stakeholders involved? • How could staff be better prepared for a future crisis (e.g. targeted training sessions)?

RELATIONS WITH THE PUBLIC
• Was the public informed in a timely and transparent manner? • Were the public's concerns and fears taken into account in an adequate manner? • Were the public's concerns and fears monitored throughout all phases of the process? • Was the two-way listening strategy incorporated in every phase of the process? • Did all stakeholders respond well to media requests? • Where you able to effectively respond to public concerns?

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR EUROPE

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark

Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01

Email: eurocontact@who.int

Website: www.euro.who.int